2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND

Mar 23, 2007 8:00 am Secretary of State DOCUMENT # P96000093087 1. Entity Name 03-23-2007 90015 007 ***150.00 A.B. DESIGN GROUP, INC. Principal Place of Business Mailing Address 1441 N. Lonald Peagan blid. LONGWOOD, FL 32750 US 1441 N. hariald heagen block LONGWOOD, FL 32,50 US 3. Mailing Address 2. Principal Place of Business - No. P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02152007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3411002 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAMES TELES Z Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT TITLE Delete TITLE ☐ Addition BUEHLER, NAME NAME 1441 COXNTY RD. 427 N. STREET ADDRESS STREET ADDRESS LONGWOOD, FL 32750 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME 128 SHOMATE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF LONGWOOD, FL CITY-ST-ZIP President TELESZ, JAMES ☐ Delete TITLE Change TITLE ☐ Addition 3342 Lakeview Oaks Dr. NAME NAME STREET ADDRESS STREET ADDRESS 612 CHATAS CT ywaxd fl. LAKE MARY, FL 32746 CITY-ST-ZIF CITY-ST-7IP Secretory CEO CANTWELL, JAMES J. JR. TITLE TITLE ☐ Delete Change ☐ Addition 2617 Country Club Rd NAME NAME STREET ADDRESS 1441 COUNTY ROAD 427 STREET ADDRESS LONGWOOD, FL 32750 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition COYNE KENNETH 942 DELFINO PLACE NAME NAME STREET ADDRESS STREET ADDRESS LAKE/MARY, FL 32746 CITY - ST - ZIF CITY-ST-ZIP Wally Mackeed Delete TITLE TITI F X Addition Vice President NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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